

Original: Court Record
 Copy: Parent
 Copy: Case Record

REFUSAL TO GIVE CONSENT TO ADOPTION**INSTRUCTIONS:**

This form is to be completed by the mother or presumed father who refuses to consent to the adoption of his or her child. If the form is signed in California, Section A should be completed and witnessed by a representative of the California Department of Social Services (CDSS) or a California county adoption agency licensed by CDSS that investigates independent adoptions. If the form is signed outside of California, Section B should be completed and notarized by a Notary Public.

COUNTY:

ACTION NUMBER:

I, _____, the ☐ mother or ☐ presumed father _____
(NAME OF CHILD)

born on _____ refuse to give my consent to the adoption of said child
(CHILD'S BIRTHDATE)

by _____
(NAME OF PETITIONER(S))

SECTION A

SIGNED IN CALIFORNIA

SIGNATURE OF PARENT

COUNTY WHERE SIGNED

DATE SIGNED

CDSS DISTRICT OFFICE OR COUNTY ADOPTION AGENCY:

SIGNATURE OF CDSS OR AGENCY REPRESENTATIVE

SECTION B

SIGNED OUTSIDE OF CALIFORNIA

STATE OF _____)
)
 COUNTY OF _____)

On _____ before me, _____, a Notary Public,
 personally appeared _____ personally known to me (or proved to me on the basis of
(NAME OF MOTHER/PRESUMED FATHER)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

 Signature (Seal)